**FEC** 

## **STATEMENT OF**

FORM 1	ORGANIZATION	
i Oitiwi i	(See instructions)	Office use only
NAME OF COMMITTEE (in f	(Check if name Example: If typying is changed) over the lines	ng, type 12FE4M5
sanofi-aventis	U.S. Employees Political Action Committee	
ADDRESS (number and s	treet) 801 Pennsylvania Avenue NW	
(Check if address	Sujte 725	
is changed)	Washington	DC 20004 _
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAII	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	Timothy.Clark@sanofi-aventis.com	
COMMITTEE'S WEB F	PAGE ADDRESS (URL)	
(Check if address		
is changed)		
2. DATE 0.4	/ D D / Y Y Y Y Y Z 0 1 1	
3. FEC IDENTIFICATION	TION NUMBER C C00144345	
4. IS THIS STATEM	ENT NEW (N) OR X AMENI	DED (A)
I certify that I have examin	ned this Statement and to the best of my knowledge and belief it is true	ue, correct and complete
Type or Print Name of	Treasurer Timothy Clark	
Signature of Treasurer	Electronically Filed by Timothy Clark	Date 0 4 / 0 1 8 / 2 0 1 1
NOTE: Submission of fals	se, erroneous, or incomplete information may subject the person sign	
Office Use Only	For further i	information contact: tion Commission FEC FORM 1